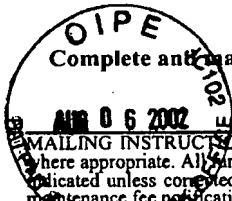


PART B - FEE(S) TRANSMITTAL



Complete and mail this form, together with applicable fee(s), to:

 Box ISSUE FEE
 Assistant Commissioner for Patents
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

02/20/2002

Bruce W DeKock
 1600 ODS Tower
 801 S W Second Avenue
 Portland, OR 97204

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Kewin L. Russell	(Depositor's name)
	(Signature)
July 30, 2002	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/550,476	04/14/2000	Bruce W. DeKock	BWD-7118.004	8794

TITLE OF INVENTION: SYSTEM FOR PROVIDING TRAFFIC INFORMATION

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
34	nonprovisional	YES	\$640	\$0	\$640	05/20/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
MARC COLEMAN, MARTHE Y	3661	701-117000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Chernoff Vilhauer McClung
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2 _____
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bruce DeKock

Bend, Oregon

Please check the appropriate assignee category or categories (will not be printed on the patent) ☒ individual ☐ corporation or other private group entity ☐ government

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(Authorized Signature)

(Date) 07/30/02

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